

County: Waukesha  
RIVER HILLS WEST HEALTH CARE CENTER  
321 RIVERSIDE DRIVE

Facility ID: 7630

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PEWAUKEE 53072 Phone:(262) 691-2300  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 175  
Total Licensed Bed Capacity (12/31/02): 175  
Number of Residents on 12/31/02: 158

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 158

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.1
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		32.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.8	More Than 4 Years		25.9
Day Services	No	Mental Illness (Org./Psy)	20.9	65 - 74	12.0			-----
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	25.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	36.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	10.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.2		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.2	65 & Over	84.2	-----		
Transportation	No	Cerebrovascular	6.3		-----	RNs		7.1
Referral Service	No	Diabetes	2.5	Sex	%	LPNs		9.1
Other Services	No	Respiratory	4.4	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	39.2	Male	27.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.2			33.0
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	1	0.9	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Skilled Care	12	100.0	148	99	92.5	114	16	100.0	114	17	100.0	160	0	0.0	0	6	100.0	309	150	94.9
Intermediate	---	---	---	7	6.5	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	4.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		107	100.0		16	100.0		17	100.0		0	0.0		6	100.0		158	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health	8.1	Bathing	18.4	61.4	20.3	158			
Private Home/With Home Health	6.4	Dressing	22.8	57.6	19.6	158			
Other Nursing Homes	5.2	Transferring	48.1	36.7	15.2	158			
Acute Care Hospitals	73.4	Toilet Use	36.7	41.8	21.5	158			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	74.1	16.5	9.5	158			
Rehabilitation Hospitals	0.0	*****							
Other Locations	6.9								
Total Number of Admissions	173	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	3.2	Receiving Respiratory Care	7.6				
Private Home/No Home Health	14.8	Occ/Freq. Incontinent of Bladder	55.1	Receiving Tracheostomy Care	0.6				
Private Home/With Home Health	7.7	Occ/Freq. Incontinent of Bowel	39.9	Receiving Suctioning	1.3				
Other Nursing Homes	7.7			Receiving Ostomy Care	1.9				
Acute Care Hospitals	13.0	Mobility		Receiving Tube Feeding	3.2				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.8	Receiving Mechanically Altered Diets	37.3				
Rehabilitation Hospitals	0.0								
Other Locations	11.2	Skin Care	Other Resident Characteristics						
Deaths	45.6	With Pressure Sores	1.9	Have Advance Directives	98.1				
Total Number of Discharges		With Rashes	0.6	Medications					
(Including Deaths)	169				Receiving Psychoactive Drugs	31.0			

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		90.3	81.9	1.10	88.6	1.02	84.2	1.07	85.1 1.06
Current Residents from In-County		64.6	83.1	0.78	85.4	0.76	85.3	0.76	76.6 0.84
Admissions from In-County, Still Residing		24.9	18.8	1.32	18.6	1.33	21.0	1.18	20.3 1.22
Admissions/Average Daily Census		109.5	182.0	0.60	203.0	0.54	153.9	0.71	133.4 0.82
Discharges/Average Daily Census		107.0	180.8	0.59	202.3	0.53	156.0	0.69	135.3 0.79
Discharges To Private Residence/Average Daily Census		24.1	69.3	0.35	76.5	0.31	56.3	0.43	56.6 0.43
Residents Receiving Skilled Care		95.6	93.0	1.03	93.5	1.02	91.6	1.04	86.3 1.11
Residents Aged 65 and Older		84.2	87.1	0.97	93.3	0.90	91.5	0.92	87.7 0.96
Title 19 (Medicaid) Funded Residents		67.7	66.2	1.02	57.0	1.19	60.8	1.11	67.5 1.00
Private Pay Funded Residents		10.8	13.9	0.78	24.7	0.43	23.4	0.46	21.0 0.51
Developmentally Disabled Residents		0.0	1.0	0.00	1.0	0.00	0.8	0.00	7.1 0.00
Mentally Ill Residents		24.7	30.2	0.82	28.5	0.86	32.8	0.75	33.3 0.74
General Medical Service Residents		39.2	23.4	1.67	28.9	1.36	23.3	1.69	20.5 1.91
Impaired ADL (Mean)		38.7	51.7	0.75	50.9	0.76	51.0	0.76	49.3 0.79
Psychological Problems		31.0	52.9	0.59	52.9	0.59	53.9	0.58	54.0 0.57
Nursing Care Required (Mean)		6.8	7.2	0.94	6.8	1.00	7.2	0.95	7.2 0.95